



**POWER OF ATTORNEY
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INDICATION FORM**

Application Number	10/602,412
Filing Date	June 23, 2003
First Named Inventor	Charles Newton Knowles
Title	METHOD AND APPARATUS FOR...
Art Unit	
Examiner Name	
Attorney Docket Number	WOLFCR-01

I hereby appoint:

☒ Practitioners at Customer Number:

00035125



35125

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OR

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☒ Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

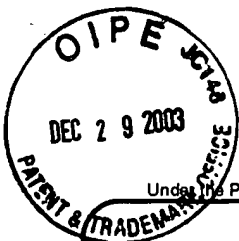
Name	Charles Newton Knowles		
Signature	<i>Charles Newton Knowles</i>		
Date	8/14/03	Telephone	800/488-7305

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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SIGNATURE of Applicant or Assignee of Record

Name James Paul Orban

Signature *James Paul Orban*

Date *8/11/03*

Telephone

800/488-7305

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SIGNATURE of Applicant or Assignee of Record

Name	Sasenjko Radzepagic		
Signature	<i>X S. Radzepagic</i>		
Date	X 08/20/03	Telephone	X (951) 268-6713

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